



227 E Chestnut Expressway Springfield MO 65802 417-864-1658

VITAL RECORDS APPLICATION

Applicants must show identification when requesting certified copies of a vital record at local health departments. **Mail-in requests must be notarized by an acceptable notary public.**

FEE MUST ACCOMPANY APPLICATION. Check or money order payable to: **City of Springfield.** Please enclose a self-addressed stamped envelope with your request.

<input type="checkbox"/> BIRTH	<input type="checkbox"/> FETAL DEATH REPORT	<input type="checkbox"/> STILLBIRTH	NUMBER OF COPIES _____	(FIRST COPY ISSUED \$15; EACH ADDITIONAL COPY \$15)
FULL NAME ON CERTIFICATE _____				
ALSO KNOWN AS (INDICATE IF BIRTH COULD BE RECORDED UNDER ANOTHER NAME) _____				
DATE OF BIRTH _____		PLACE OF BIRTH (CITY, COUNTY, STATE) _____		
HOSPITAL _____		SEX	FEMALE <input type="checkbox"/>	MALE <input type="checkbox"/>
		RACE _____		
FULL NAME OF FATHER _____				
FULL MAIDEN NAME OF MOTHER _____				

DEATH	NUMBER OF COPIES _____	(FIRST COPY ISSUED \$14; EACH ADDITIONAL COPY OF THE SAME RECORD ORDERED AT THE SAME TIME \$11)
FULL NAME ON CERTIFICATE _____		
DATE OF BIRTH _____		SEX FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>
		RACE _____
DATE OF DEATH _____		PLACE OF DEATH (CITY, COUNTY, STATE) _____
FULL NAME OF SPOUSE _____		
FULL NAME OF FATHER _____		
FULL MAIDEN NAME OF MOTHER _____		

PLEASE ENCLOSE A SELF ADDRESSED STAMPED ENVELOPE WITH YOUR REQUEST (PRINT THE FOLLOWING INFORMATION)

APPLICANT'S

NAME _____

PHONE NUMBER _____

APPLICANT'S STREET ADDRESS _____

APPLICANT'S CITY/TOWN _____ STATE _____ ZIP _____

PURPOSE FOR CERTIFICATE REQUEST _____

YOUR RELATIONSHIP TO PERSON NAMED ON RECORD (IF LEGAL GUARDIAN, MUST PROVIDE GUARDIANSHIP PAPERS). IF LEGAL REPRESENTATIVE, INDICATE LEGAL RELATIONSHIP. _____

➤ MAIL-IN REQUESTS MUST BE NOTARIZED. ALL APPLICATIONS MUST BE SIGNED.

I _____, SUBJECT TO THE PENALTY OF PERJURY, DO SOLEMNLY DECLARE AND AFFIRM THAT I AM ELIGIBLE TO RECEIVE A CERTIFIED COPY OF THE VITAL RECORD(S) REQUESTED ABOVE AND THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

➤ APPLICANT'S SIGNATURE

DATE _____

NOTARY PUBLIC EMBOSSER SEAL	STATE _____		COUNTY _____
	SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME , THIS _____ DAY OF _____, 20 _____		USE RUBBER STAMP IN CLEAR AREA BELOW
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES _____	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		

WARNING: False application for a certified copy of a vital record is a crime.